

ROTCH (T.M.)

A CASE OF

DOUBLE MOVABLE KIDNEY.

BY

T. M. ROTCH, M.D.,

VISITING PHYSICIAN TO THE BOSTON CITY HOSPITAL.

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## A CASE OF DOUBLE MOVABLE KIDNEY.<sup>1</sup>

BY T. M. ROTCH, M.D.,

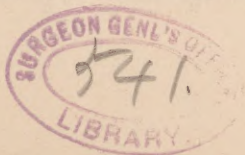
*Visiting Physician to the Boston City Hospital.*

So far as I can learn, the following case of double movable kidney is the first which has been diagnosed during life, and verified by operation, in America. It is therefore well worthy of especial record.

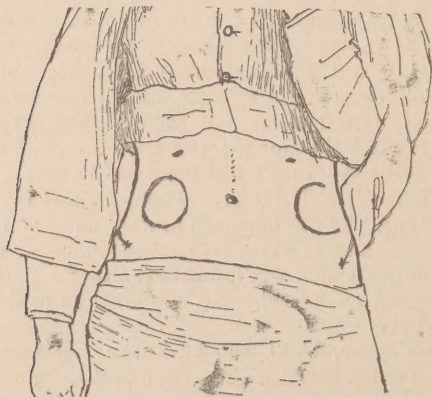
A. B., twenty-seven years of age, unmarried, entered the City Hospital on May 11, 1891. She had had no children nor miscarriages, and no diseases. The catamenia were regular but scanty. She had been subject to headaches for the last ten years, and during the last three years they had increased in severity and frequency, especially lately. The pain was described as throbbing, and was localized in the frontal and parietal regions. It was sometimes accompanied by nausea and vomiting, which was not believed by the patient to be dependent upon food. An examination of the eyes was negative.

In December, 1890, she says she felt something "shaking in her abdomen when she walked"; and near the end of the same month she experienced a sensation as if something slipped forward into the left inguinal region when she stooped over. In the latter part of January she fell violently upon the ice, in a sitting posture. At this time she noticed a resistant mass in the left inguinal region, and shortly afterward a similar one in the right. She paid but little attention to them, however, until three weeks later, when they became painful. She said they had always been movable. The pain was influenced by position and motion. It

<sup>1</sup> Read before the Boston Society for Medical Improvement, February 22, 1892.



was absent when she lay quietly in bed, but returned when she moved. It was most intense when she sat down, and was referred to both inguinal regions, coccyx and back. Walking was more painful than standing. Stooping increased the pain and caused a sensation as if "something were being squeezed." Reaching upwards with her right hand, caused pain in the left side; a similar movement of the left hand caused



Before Operation.

none. Coughing and laughing were painful. In addition, she complained of a feeling of weight in the abdomen.

Three or four months ago she was troubled with frequent micturition, accompanied by some pain, and lasting about a month. She has had occasional attacks of palpitation, and dyspnoea on exertion, and dizziness. The bowels were constipated. The patient was of a nervous temperament. Temperature  $98.8^{\circ}$ , pulse 80, respiration 24. An examination of the



urine, on May 12th, showed: color normal, acid reaction, specific gravity 1027, clear, with a flocculent sediment, no albumen. Examination of the abdomen revealed in the right lumbar region, a tumor which was firm, oval in shape and apparently three inches by two in size, moderately tender on pressure, easily movable from the crest of right ilium, upwards under the ribs, in the axillary line; from which position it was forced downwards by coughing or deep inspiration. In the left lumbar region a tumor was felt, similar in every respect except that it was larger. Both tumors were more plainly felt when patient lay on her face or side and in the half-prone position. Percussion over the back in both lumbar regions gave resonance when the patient lay on her face.

The patient was kept under observation in the ward for some weeks; at times she was confined to the bed, and at others was allowed to get up and go about, doing a little light work. Her general health improved but her symptoms continued.

In addition to other symptoms, the patient complained of much pain in the region of the coccyx, on sitting. An examination showed that it was deflected to one side, and she was transferred to the surgical side of the hospital for operation. This was performed by Dr. Gay on July 7th. The coccyx was removed and the patient made a good recovery. This was followed by a diminution of the pain caused by sitting. Later, various kinds of apparatus were tried to retain the kidneys in position but without success, and it was finally decided to perform the operation of nephrorrhaphy on both kidneys.

The first operation was performed by Dr. Burrell on September 22d. An incision was made in the lumbar region on the left side, at the outer border of, and parallel with, the extensor muscles of the spine; the

dissection was carried down to the kidney and silk sutures were passed through the capsule of the kidney and the quadratus lumborum muscle binding them firmly together. The wound was thoroughly irrigated, packed



After Operation.

lightly with gauze and dressed antiseptically. The patient made a good recovery.

On November 7th the second operation was performed by Dr. Bradford. An incision four inches long was made in the lumbar region, in the back, over the right kidney; extending from the lower ribs,

downwards, at a distance of about six inches from the vertebral spines. The dissection was carried down to the kidney and three sutures were taken through the capsule, at the upper, middle and lower parts; these sutures were carried through the muscular substance to the outer edge of the wound and an antiseptic dressing was applied after thoroughly irrigating.

The patient was discharged December 28th in good general condition and with the wounds healed.

The urine chart kept from September 7th until her discharge from the hospital, showed an average daily amount of about one-half the normal quantity and at times even less.

On February 6th the patient re-entered the hospital on account of a slight discharge occurring from the right side. The examination showed one or two granulating points in the right cicatrix, into one of which a probe entered about one and one-half inches. An incision was made and a silk suture was found at the bottom and removed. A slight swelling on the left cicatrix was also opened, and a silk suture was removed.

On February 22d the patient was discharged with one side entirely healed and the other almost so.

I examined the patient on February 21st and found both kidneys in position. She complained of various nervous aches and pains, but the nausea, sense of weight in the abdomen, and headaches were relieved.

I have prepared a reference list of the cases which have been operated upon, and which is as nearly complete as the literature on the subject can make it. Dr. Landau of Berlip, and Sulzer of Basel, have written excellent papers on this subject, and I am indebted to their tables for many of the cases in my list.

One thousand three hundred and thirty-two cases of movable kidney have been collected; of these 107

occurred in males and 702 in females, that is, 86 per cent. were in females. Six hundred and sixty-eight were of the right kidney, 106 of the left kidney, and 93 of both kidneys, that is, about 77 per cent. were of the right kidney alone. This preponderance of the right over the left in lists of movable kidneys seems to be confined to females, for out of 14 cases occurring in the male sex, where the special kidney was mentioned, the right kidney was affected in six, and the left in eight. A similar list among females showed that in 80 the right was affected, in 15 both, but in only 10 the left alone. Seventy-two cases of movable kidney were first recognized, or the diagnosis confirmed, on the post-mortem table.

Although movable kidney is sometimes congenital, it is not often recognized in children. Phillips reports a doubtful case in a boy of nine years. Heirschsprung reports another case in a child, and Durham mentions a case of misplacement of the left kidney in a foetus. Sulzer has collected 37 nephrectomies for movable kidney with 10 deaths. His table of nephrorrhaphies for movable kidney is very complete, and contains 80 cases with only two deaths; 45 of these cases were entirely cured; seven were improved. In nine there was no improvement in the symptoms notwithstanding the success of the operation, and in 13 the operation did not succeed in permanently fixing the kidney. Nephrorrhaphy of both kidneys has been performed by Hahn and also by Küster (quoted by Lindner.)

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